

2009 Iowa Plan RFP Bid Evaluation Scoring Tool

TECHNICAL COMPONENT

7A.2 Programmatic Overview ---- 60%

This section of the bid, excluding those portions not to be counted as indicated in the RFP, should not exceed 150 pages.

Does it exceed? Y/N?

7A.2.2 Enrollees 65 and Older	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.2.2</p> <p>1. Did the bidder describe the experience it has in treating individuals aged 65 and older?</p> <ul style="list-style-type: none"> • Did the bidder identify other states in which coverage has been provided? If so, do the referenced examples demonstrate experience that will benefit efforts to serve Iowans 65 and older? • Did the bidder identify challenges and identify strategies for surmounting any identified challenges? Did the examples demonstrate a thorough understanding of the population and how to serve it? • If there any recommended additions to the provider network as part of the proposal intended to better serve those aged 65 and older, do they appear appropriate and likely to be effective? • Is there a proposed transition plan to ensure the continuity of care while enrolling the population into the Iowa Plan, including a communication plan? Is the communication plan sufficiently detailed and does it demonstrate an approach that is appropriate and likely to be effective? 	<p>11 states / prescription program is positive (Strength) Not specific to other states (Weakness)</p> <p>Yes, outreach is beneficial. (Strength) PCP consultations (Weakness)</p> <p>No, all are in place (Weakness)</p> <p>Detailed and specific (Strength) This includes the U of I aging center involvement.</p>			

Bidder Name: Value Options

7A.2.3.a) Coordination and Integration of Services (Sections 4.1, 4A, 4B, and 5A of the RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>1. Did the bidder describe the strategies it would take to coordinate and integrate service delivery for <u>each</u> of the five types of Eligible Persons and Enrollees?</p> <p><u>Eligible Persons with:</u></p> <p>(1) concurrent mental health and substance abuse conditions</p> <p>(2) concurrent mental health and/or substance abuse conditions plus concurrent medical conditions</p> <p>(3) concurrent mental health and/or substance abuse conditions and involved with the adult correctional system</p> <p><u>Enrollees with:</u></p> <p>(4) concurrent mental health needs and mental retardation</p> <p><u>Eligible Persons with:</u></p> <p>(5) mental health and/or substance abuse conditions with involvement with the child welfare/juvenile justice system)</p> <p>2. Are the strategies appropriate and are they likely to be effective?</p> <p>3. Do they effectively embody the philosophy and program goals in that they, among other things:</p> <ul style="list-style-type: none"> • emphasize honoring Eligible Persons' choice of service provider, • promote the philosophy that Eligible Persons should be able to remain in their homes and communities, and • demonstrate that the bidder is committed to working with all providers serving the enrollees to ensure blended and coordinated service delivery? 	<p>Regional team development is positive. (Strength)</p> <p>Not a much on coordination with medical providers (Weakness) Could be more on the coordination across systems and how that's done. Seems more formal in Texas than can be here. (Weakness)</p> <p>Good description of COMHSA. (Strength)</p> <p>Probably. Back-up of experience in other states (Strength). Jail connect program is a diversion that looks promising. (Strength) Mobile community support team is also a plus (Strength)</p> <p>Yes keep kids with families is a positive goal. (Strength) Clear demonstration of impact. (Strength)</p>			
<p>4. Did the bidder provide examples of its experience in other states with respect to coordination and integration of services and how it will be applied in Iowa? Is the experience relevant and likely to be beneficial to Iowa?</p>	<p>Not really identified. (Weakness)</p> <p>Yes, results from other states with anecdotal information. (Strength)</p>			

Bidder Name: Value Options

7A.2.4 Rehabilitation, Recovery, and Strength-Based Approach to Services (Sections 4.A.2 and 4.B.2 of the RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
1. Does the bidder's proposal include a detailed explanation of its experience providing behavioral health services through a recovery-oriented approach?	Yes, other states with specific ideal such as crisis hostel. (Strength)			
2. Does the bidder's proposal describe in detail the model it proposes to implement?	Yes, the culture of aspiration. (Strength) This includes educational sources.			
3. Does the bidder's proposal recognize the priority for effecting change during the contract period? Does the response provide details for realistic actions that the bidder intends to take during the contract period to affect change?				
4. Does the response specifically identify the bidder's approach with respect to: <ul style="list-style-type: none"> • Contractor interactions with Eligible Persons? • service system planning and design? • provider adoption of a rehabilitation, recovery and strength-based approach to services? 	<ul style="list-style-type: none"> 1. Detailed with focus groups, eligibility line, etc. (Strength) 2. This looked pretty good. (Strength) 3. training and cost may not provide buy-in by providers. (Weakness) 			
5. Is the bidder's proposed approach appropriate and likely to be effective?	They say so.			

Bidder Name: Value Options

A.2.5 Person-Centered Care (Section 7A.2.5 of the RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.2.5.a)</p> <p>1. Does the bidder's response describe the philosophy of how to best involve Eligible Persons in the planning of their care?</p> <p>2. Does the description include:</p> <ul style="list-style-type: none"> • how the bidder intends to assure that the Eligible Person and, as appropriate, family members, participate in treatment planning? • descriptions of instances in which the bidder has successfully employed such strategies under other contracts? <p>3. Is the bidder's proposed approach appropriate and likely to be effective?</p> <p>4. Do the cited examples of experience demonstrate working knowledge that will benefit Iowa?</p>	<p>Yes, but the ICC team may be stretched. (Weakness) Member involvement (Strength)</p> <p>Training (Strength)</p> <p><input checked="" type="radio"/> No fully described. (Weakness)</p> <p>Unable to determine. Less substance than desired here. (Weakness)</p>			
<p>7A.2.5.b)</p> <p>1. Did the bidder's references provide confirmation of the effectiveness of the bidder's past performance with respect to the implementation of strategies to involve Eligible Persons in the planning of their care?</p>				

Bidder Name: Value Options

A.2.6 Covered Services, Required Services, Optional Services (Sections 4A.3, 4A.4 and 4B.3 of the RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>√7A.2.6.a)</p> <p>1. Is the bidder's proposed strategy to ensure statewide capacity sufficiently detailed to understand what it intends to do?</p> <p>2. Is the bidder's proposed strategy appropriate and likely to be effective?</p>				
<p>√7A.2.6.b)</p> <p>1. Does the analysis include an identification of service gaps <i>and</i> the basis on which the bidder has made its determination?</p> <p>2. Was the bidder's methodology to identify service gaps comprehensive, rigorous, and valid?</p> <p>3. Were any major gaps of which the evaluator is aware missed?</p> <p>4. Does the bidder's proposal for how the gaps would be addressed seem appropriate?</p> <p>5. Did the bidder provide a plan for addressing the gaps, with an implementation timeline?</p> <p>6. Did the bidder address the following areas in its plan in a comprehensive and informed fashion:</p> <ul style="list-style-type: none"> • Level I Sub-acute Facility services delivery? • 24 hour mental health stabilization services? • Substance abuse peer support/recovery coaching? <p>7. Are the plan and timeline for addressing the service gaps appropriate and likely to be effective to enable the bidder to make all required mental health services available to the majority of Iowa Plan enrollees by the end of the second contract year?</p>				

Very detailed on establishing current panel, (Strength)

Speaks a lot about sufficiency, not development. (Weakness) ✓
How to find problem not how to fix it.

Yes, but all sources may not be specific to Medicaid.

See #1 above.

Unknown. Can't tell for sure from this presentation.

Yes. Detailed and supported by experience. (Strength)

Begin dates, but not phases and interim goals. (Weakness)

For all bullets - Not comprehensive. (Weakness) Hospital diversion (Strength)
Restates problems suspected. Apply evidence-based model, but light on how. (Weakness)

Unknown

Bidder Name: Value Options

A.2.6 Covered Services, Required Services, Optional Services (Sections 4A.3, 4A.4 and 4B.3 of the RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.2.6.c)</p> <ol style="list-style-type: none"> 1. Did the bidder describe the process by which integrated mental health services and supports will be authorized? If so, does the process appear to be appropriate and utilizing appropriately skilled staff? 2. Did the bidder provide any parameters that would be implemented to guide the authorization of integrated services and supports? If so, do the parameters appear to be appropriate? 5. Did the bidder provide examples of comparable past experience providing integrated mental health services and supports? If so, do the cited examples demonstrate working knowledge that will benefit Iowa? 	<p>Does not appear to fully understand the community reinvestment funding. Does not appear to understand the enrollment process unless bidder is speaking to something else not yet explained. (Weakness)</p> <p>This appears to speak to Util. Review, not necessarily PA.</p> <p>Limited to New Jersey and Massachussetts.</p>			
<p>7A.2.6.d)</p> <ol style="list-style-type: none"> 1. Did the bidder describe how it will incorporate evidence-based practice into its management and how it will impact the services offered through the Iowa Plan? 2. Is the bidder's proposed approach appropriate and likely to be effective? 	<p>Will assist Departments was stated. Looking for more, like guidance and advice. (Weakness)</p> <p>Funding driven, does bidder realize its role as the funder for this? (Weakness)</p>			
<p>7A.2.6.e)</p> <ol style="list-style-type: none"> 1. Does the bidder identify any services for which it will not reimburse due to moral or religious grounds? <ul style="list-style-type: none"> • If yes, is there a complete explanation of these services? 	<p>(This response should not be scored. The question is for informational purposes only)</p>			

Bidder Name: Value Options

A.2.7 Organization of Utilization Management Staff (Section 5A.1 of the RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.2.7.a)</p> <p>1. Did the bidder describe its organization of the Utilization Management Staff, including:</p> <ul style="list-style-type: none"> • number of staff? • credentials and expertise? • the rationale for the mix of expertise? • roles of different types of staff? • methods to maximize coordination between UM staff and local delivery systems? ✓ • methods to ensure continuity of UM for Eligible Persons making frequent use of the delivery system? <p>2. Is the number of Utilization Management staff, which the bidder proposes per region, and their expertise, well supported and appropriate?</p> <p>3. Is it clear that the staff will be knowledgeable of the services available in each region?</p> <p>4. Are the roles proposed by the bidder for each of the different types of Utilization Management staff appropriate?</p>	<p>First four bullets are OK.</p> <p>Bullet 5. Staff living in the communities is positive. (Strength) ✓</p> <p>Yes</p> <p>Yes, they will live there. ✓</p> <p>Yes</p>			
<p>5. Are there roles or types of staff which should have been included but were not?</p> <p>6. Is the proposed approach to maximize coordination with local service delivery systems appropriate and likely to be effective?</p> <p>7. Is the proposed approach to ensure continuity for Eligible Persons making frequent use of the delivery system appropriate and likely to be effective?</p>	<p>No.</p> <p>Live there ✓</p> <p>Not much substance to this response. (Weakness) ✓</p>			
<p>7A.2.7.b)</p> <p>1. Did the bidder's other clients for which it has organized UM staff to maximize coordination with local service systems confirm the effectiveness of the bidder's performance?</p>				

Bidder Name: Value Options

A.2.8 Utilization Management Guidelines (Section 5A.3 of the RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.2.8.a)</p> <p>1. Do the UM Guidelines the bidder would use in authorizing mental health services appear to be appropriate?</p> <p>2. If the bidder attached guidelines for the application of ASAM criteria, do the guidelines the bidder would use for the authorization or retrospective monitoring of substance abuse services appear to be appropriate?</p>	<p>Yes. Clear and specific. (Strength) <u>1</u> But, not exactly the same services. (Weakness)</p>			
<p>7A.2.8.b)</p> <p>1. Did the bidder describe how UM Guidelines would generally be applied to authorize or retrospectively review services?</p> <p>2. Did the bidder address how it would both manage the appropriateness of treatment duration and also manage potentially high volumes of service requests?</p> <p>3. Does the approach to outpatient service authorization address management of appropriateness review in a manner likely to be efficient and effective?</p>	<p>Providers must register services. Web based application.</p> <p>No OP Pas are required. (Strength) <u>2</u></p> <p>Retroactive review is performed.</p>			
<p>7A.2.8.c)</p> <p>1. Did the bidder discuss special issues in applying the guidelines for at least some of the following services and populations:</p> <ul style="list-style-type: none"> i. substance abuse services for pregnant and parenting women? ii. substance abuse services provided to Enrollees in PMICs? iii. mental health inpatient services provided to Enrollee children in state mental health institutes? iv. Eligible Persons with concurrent need for both mental health and substance abuse treatment? v. Assertive Community Treatment (ACT)? <ul style="list-style-type: none"> • If so, does the bidder appear to have a thorough understanding of what special issues might arise and of how to address them? Were there any issues the evaluator felt should be addressed that were omitted? 	<p>Sub sections have small mention of each. This feels like more of the same.</p>			

Bidder Name: Value Options

A.2.8 Utilization Management Guidelines (Section 5A.3 of the RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.2.8.d)</p> <ol style="list-style-type: none"> 1. Did the bidder list any services or levels of care for which prior authorization would not be required? 2. Do the levels of care for which the bidder has indicated it won't require prior authorization appear to be appropriate, given both access to care and cost management objectives? 3. Did the bidder describe a QI-related circumstance that would lead the bidder to request state approval for prior authorization? 4. Does the prior authorization circumstance demonstrate experience and knowledge? Does the quality improvement circumstance example align with care and cost management objectives? 		<p>Yes.</p>	<p>OK, but qualified. Only 24 hour services except X, Y, Z (and there are many) need approval.</p>	<p>High need person. But how do you know who that is. Seems cumbersome. (A)</p> <p>(Weakness)</p> <p>Removing the right to register seems to be both positive and negative. Might not work where there is a dearth of providers.</p>
<p>7A.2.8.e)</p> <ol style="list-style-type: none"> 1. Did the bidder describe how it would self-evaluate the clinical effectiveness and administrative efficiency of UM authorization processes? 2. Does the bidder's proposal to self-evaluate the clinical effectiveness and administrative efficiency of the authorization processes rely upon robust and meaningful measurement of performance? 3. Did the bidder describe circumstances under which it might waive prospective review requirements for certain providers? 4. Does the bidder's description of circumstances under which prospective utilization review might be waived for certain providers demonstrate a well-reasoned approach to balancing appropriate utilization management with limiting administrative requirements of providers? 		<p>Very small section. Not fully explained. (Weakness)</p>	<p>Focused on administrative activities. Lists activities for example, QM, reports, etc. (Weakness)</p> <p>(B)</p>	<p>Yes.</p> <p>Not specified in this section.</p>

Bidder Name: Value Options

A.2.8 Utilization Management Guidelines (Section 5A.3 of the RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.2.8.f)</p> <p>1. Did the bidder describe how it would operationalize the state's concepts of "psychosocial necessity" and "service need"?</p> <p>2. Did the description contrast the proposed approach with that used for "medical necessity" under other contracts, or if not applicable, explain how the concepts differ?</p> <p>3. Does the bidder's approach for operationalizing the state's concept of "psychosocial necessity" in the authorization process for mental health services align with the state's objectives, as put forth in Section 5A.3.1 of the RFP?</p> <p>2. Did the bidder's distinction between "medical necessity" and the concepts of "psychosocial necessity" and "service need convey a good understanding of how the approaches differ?</p>	<p>Yes, and with individualized treatment planning. (Strength) 3</p> <p>Same as #1 above.</p> <p>Yes</p> <p>Very nicely spoken to. (Strength)</p>			
<p>7A.2.8.g)</p> <p>1. Did the bidder describe the process the bidder would implement for the administrative authorization of services (when contractual requirements mandate the authorization and reimbursement for services that do not fall within the contractor's UM guidelines)?</p>	<p>Using an authorization code on the file.</p>			
<p>2. Does the process the bidder proposes for implementing the administrative authorization of services appear to be appropriate?</p> <p>3. Did the bidder include in its description the way in which the bidder would allow for authorization for services provided during all the months of enrollment even if Medicaid eligibility is determined after the initiation of services?</p> <p>4. Does it appear that this process treats providers fairly and will be effective?</p>	<p>Will require all providers to register all consumers. Not really a positive idea since providers will not know the intentions of members without guidance. (Weakness)</p> <p>Protocols from other states included. (Strength)</p> <p>Unknown and with questions.</p>			

Bidder Name: Value Options

A.2.8 Utilization Management Guidelines (Section 5A.3 of the RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.2.8.h)</p> <ol style="list-style-type: none"> 1. Did the bidder describe how it would provide Intensive Clinical Management to certain Iowa Plan Enrollees, and the relationship of those activities to Targeted Case Management? 2. Does the bidder's process for providing Intensive Clinical Management appear appropriate and likely to be effective? 3. Is the bidder's proposed relationship of Intensive Clinical Management and Targeted Case Management appropriate and likely to be effective? 	<p>Admission criteria - would like to see "other" described. Seems rigid.</p> <p>Treats TCM as a service, not a part of a central team.</p>			
<p>7A.2.8.i)</p> <ol style="list-style-type: none"> 1. Did the bidder describe how it would provide 24 hour crisis management? 2. Is the bidder's proposed approach to provision of 24-hour crisis management reflective of the current state of that service in Iowa, appropriate, and likely to be effective? 3. Did the bidder provide examples of how that service has been provided in other states? 4. Do the bidder's examples demonstrate experience and knowledge that would be of benefit to Iowa? 	<p>Licensed staff in call center.</p> <p>Telephone tree - if an emergency press 1. Unknown how this will be taken by members who call. Could have states experience with it. (Weakness) (C)</p> <p>Texas, used by jail system.</p>			

Bidder Name: Value Options

A.2.9 Required Elements of Individual Service Coordination & Treatment Planning (Sections 1.9, 4B.2.2 and 5A.5 of the RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.2.9.a)</p> <p>1. Did the bidder describe the 24-hour crisis and referral service that the Bidder would make available to Eligible Persons, including:</p> <ul style="list-style-type: none"> • how the Bidder would ensure the availability of clinicians with expertise in providing mental health and substance abuse services to children? • how the 24-hour crisis and referral service would interface with the emergency crisis service system? <p>2. Does it appear that the bidder's 24-hour crisis and referral service utilizes appropriately trained staff?</p> <p>3. Does it appear that the bidder's 24-hour crisis and referral service would provide sufficient access to clinicians with child mental health and substance abuse expertise?</p> <p>2. Does the bidder's response depict a process that would ensure that the 24-hour crisis and referral service appropriately and effectively interfaces with the emergency crisis service system?</p>				
<p>7A.2.9.b)</p> <p>1. Did the bidder describe a process for identifying those Eligible Persons who have demonstrated the need for a high level of services or who are at risk of high utilization of services?</p> <p>2. Does the bidder's process for identifying those Eligible Persons appear to capture all of those in need of individual service coordination and treatment planning in a timely and efficient manner?</p> <p>3. Did the bidder describe how it would initiate ongoing treatment planning and coordination with the Iowa Plan Eligible Persons and all others appropriate for planning the Eligible Person's treatment?</p> <p>4. Does the bidder's process for initiating ongoing treatment planning and coordination appear to be appropriate and likely to be effective?</p>				

Yes, transfer to a local provider. (Strength) ①

Contact mobile crisis team.

Licensed clinician, but doesn't describe the 'training'. Plus or minus here. ②

Doesn't specify.

As well as any.

Connections.

Flagged forever. Can't tell about "all".

Arranged by others is a negative. (Weakness) Should be arranged by VOI staff if necessary.

Unable to determine at this time.

Bidder Name: Value Options

7A.2.9 Required Elements of Individual Service Coordination & Treatment Planning (Sections 1.9, 4B2.2 and 5A.5 of the RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
7A.2.9.c)				
1. Did the bidder describe the program the bidder would implement in conjunction with officers of the courts to assure that court-ordered treatment complies with substance abuse criteria and therefore is reimbursable through the Iowa Plan?				Does not really speak to reimbursement issue. (Weakness) (3)
2. Does the bidder's proposed program appear appropriate and likely to succeed?				Perhaps so.
7A.2.9.d)				
1. Did the bidder describe a process for actively promoting and ensuring coordination by Iowa Plan network providers with Enrollees' primary care physicians?				Good plans for interactions with docs. IMS, IOMA, etc. (Strength) (2)
2. Is the proposed process for promoting and ensuring coordination appropriate and likely to be effective?				Could be very good, especially with pass through. (Strength)
3. Did the bidder describe how it would assess network provider compliance with the care coordination requirements?				VOI does not know who Iowa has, or has not. (Weakness)
4. Is the proposed process for ensuring compliance, inclusive of any measurement and reporting activities, appropriate and likely to be effective?				Like the PharmaConnect program. (Strength)
5. Did the bidder provide results of monitoring efforts conducted for other clients to verify that coordination had been occurring effectively?				Mass. OK but seems intrusive. Universal release of information.
6. Do the bidder's examples of monitoring efforts document an effective process?				
7. Did the bidder's references provide confirmation of the effectiveness of the bidder's past performance with respect to promoting and ensuring coordination by network providers and primary care physicians?				

Bidder Name: Value Options

7A.2.10 Children in Transition (Section 5A.6.1 of the RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.2.10.a)</p> <ol style="list-style-type: none"> 1. Did the bidder provide comprehensive and detailed descriptions of experience transitioning children from inpatient settings, including specific examples of hospital and PMIC-like entities? 2. Did the bidder provide successful strategies for putting in place effective discharge placement from such settings? 3. Does the bidder's described experience demonstrate experience and knowledge that would be of benefit to Iowa? 	<p>Light section. Some history with other states noted. (Weakness)</p> <p>Sounds like prevention, not transitioning. (Weakness)</p> <p>Several specific components. (Strength)</p> <p>OK for this section.</p>			

A.2.11 Appeal Process (Section 5B.2 of the RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>A.2.11.a)</p> <p>1. Did the bidder describe a process and provide an accompanying flowchart for the review of Enrollee appeals?</p> <p>2. Does the flowchart provide timeframes from receipt of the request, and through each review phase, up to notification?</p> <p>3. Is the described process consistent with the requirements contained in Section 5B.2 of the RFP, including the following and other requirements:</p> <ul style="list-style-type: none"> • provision of written notice acknowledging the receipt of a request for review and reasonable assistance with filing appeals, if requested? • 100% of all expedited appeals will be resolved within 3 working days of receipt of an appeal. All non-expedited appeals shall be resolved within 14 days of the receipt of the appeal and 100% shall be resolved within 45 days of the receipt of the appeal? • provision of a written notice of disposition that includes the requirements outlined in 5B.2.11 of the RFP? 		<p>Very detailed and well thought out. (Strength)</p> <p>Yes</p> <p>Yes</p> <p>Says will contact Departments for extension if phone conference can't be held. Uncertain if that is appropriate. (Weakness)</p>		

A.2.12 Grievance and Complaint Process (Sections 5B.1, 5B.3 and 5B.4 of the RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.2.12.a)</p> <p>1. Did the bidder describe the processes it would put in place for the review of Enrollees grievances and Eligible Persons complaints?</p> <p>2. Is the described process consistent with the requirements contained in Section 5B.3 of the RFP, including the following and other requirements:</p> <ul style="list-style-type: none"> • Enrollees or their designees may initiate a grievance either orally, to be followed up in writing, or just in writing; complaints from DPH-eligible participants regarding treatment programs will be directed to DPH? • provision of written notice acknowledging the receipt of a the grievance? • rendering all decisions in writing with notice of right to additional review and information on the process to initiate additional review? • 95% of all complaints and grievances shall be resolved within 14 days of receipt of all required documentation and 100% shall be resolved within 90 days of the receipt of all required documentation? 	<p>Yes, good logging system.</p> <p>All bullets seem to be OK, but this section is very light. Only one page.</p>			

Bidder Name: Value Options

A.2.13 Requirements for the Provider Network (Section 5C.1 of the RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.2.13.a)</p> <p>1. Did the bidder describe how it would ensure that the provider network is adequate and that access is maintained or increased to meet the needs of Iowa Plan Eligible Persons?</p> <p>2. Does the proposed approach to ensuring an adequate provider network and access appear appropriate and likely to be effective?</p> <p>3. Did the bidder identify where there are potential issues of lack of capacity within the Bidder's network, and steps it would take to increase capacity?</p> <p>4. Are the identified potential issues reflective of the current Iowa service system?</p> <p>5. Are the proposed steps to increase capacity appropriate and likely to be effective?</p> <p>6. Did the bidder provide examples from current contracts of how it has ensured network adequacy in states with a shortage of psychiatrists or other specific behavioral health professionals?</p> <p>7. Do the bidder's examples from other states demonstrate experience and knowledge that would be of benefit to Iowa?</p>	<p>Yes, geo access, adequacy reports and caseload ratio. (Strength) (1)</p> <p>Yes</p> <p>Not critical of its own network. Won't speak to weak points. (Weakness) (A)</p> <p>4 & 5 Yes. How to address rural nature of the state and the dearth of psychiatrists. (Weakness)</p> <p>Extenders in use and supported. (Strength) (2)</p> <p>Telehealth supported in this system. (Strength)</p>			
<p>7A.2.13.b)</p> <p>1. Did the bidder describe proposed strategies to bring services to underserved communities, including, but not limited to, for:</p> <ul style="list-style-type: none"> the use of telehealth and distance treatment options? provision of child psychiatric consultation services to primary care clinicians? <p>2. Do the bidder's proposed strategies to bring services to underserved communities appear likely to result in improved access?</p>	<p>Statewide commitment with example. (Strength)</p> <p>Child psych consultation services. (Strength)</p>			

Bidder Name: Value Options

A.2.13 Requirements for the Provider Network (Section 5C.1 of the RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.2.13.c)</p> <ol style="list-style-type: none"> 1. Did the bidder describe its experience under other contracts to ensure delivery of services to underserved communities when provider network capacity was initially found to be inadequate? 2. Did the bidder's description of experience addressing initial network inadequacy for underserved communities in states where there was a shortage of psychiatrists demonstrate effectiveness? 3. Did the bidder's references provide confirmation of the effectiveness of the bidder's past performance with respect to addressing initial network inadequacy for underserved communities? 	<p>AZ - Indian Health Service. 3 drop-in centers. Light reading. (Weakness) (B)</p> <p>Not really developed and no specific data: (Weakness)</p>			
<p>7A.2.13.d)</p> <ol style="list-style-type: none"> 1. Did the bidder describe its experience implementing Medicaid managed behavioral health programs in which it successfully promoted the development of: <ul style="list-style-type: none"> • psychiatric rehabilitation services? • mental health self-help and peer support groups? • peer education services? 2. Does the bidder's description document its experience and success promoting the development of these three services and making them available to enrollees? 3. Did the bidder's references provide confirmation of the effectiveness of the bidder's past performance with respect to promoting the development of and implementing psychiatric rehabilitation services, mental health self-help and peer support groups, and peer education services? 	<p>1 - not much on specific issue - study with Boston U. (Weakness)</p> <p>2. Clubhouse and others. (Strength)</p> <p>3. Colorado educators.</p> <p>Not so much application as theory on this point. (Weakness)</p>			

Bidder Name: Value Options

A.2.13 Requirements for the Provider Network (Section 5C.1 of the RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.2.13.e)</p> <p>1. Did the bidder describe its experience with contracts that include SAPT Block Grant funding?</p> <p>2. Does the bidder's description demonstrate experience and knowledge that would be of benefit to Iowa?</p> <p>3. Did the bidder's references provide confirmation of the effectiveness of the bidder's past performance with respect to contract with provides for services funded by an SAPT Block Grant?</p>	<p>Kansas and New Mexico experiences are positive. (Strength) 3</p> <p>Yes.</p>			
<p>7A.2.13.f)</p> <p>1. Did the bidder describe its experience contracting with networks of comparable or greater size than those of the Iowa Plan within the timeframe afforded by this procurement?</p> <p>2. Does the bidder's description demonstrate experience and knowledge that would be of benefit to Iowa?</p> <p>3. Did the bidder's references provide confirmation of the effectiveness of the bidder's past performance with respect to timely network contracting?</p>	<p>Texas, Mass. Kansas, all a plus on this topic. (Strength)</p> <p>Not really full of applicability to Iowa. (Weakness)</p>			

Bidder Name: Value Options

A.2.14 Network Management (Section 5C.5 of the RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.2.14.a)</p> <p>1. Did the bidder describe how it would actively manage quality of care provided by network providers of all covered service, including the Bidder's proposed methodology for conducting provider profiling and utilizing the profiles to generate quality improvement?</p> <p>2. Does the content of provider profile reports for providers of child inpatient mental health services, providers of adult outpatient mental health services, and providers of Level II substance abuse services, appear to adequately capture the critical elements of the performance of each of those providers?</p> <p>3. Do the reports contain indicators for performance which address clinical quality, access, utilization management, linkage with primary care physicians, and enrollee satisfaction, at a minimum?</p> <p>4. Are the sample report content descriptions missing any major areas of provider performance one would expect to see in the report?</p> <p>5. Is the timing of report distribution proposed by the bidder frequent enough to ensure that all provider and service types will be profiled and will receive reports at least quarterly?</p>	<p>Complaints regarding the Iowa Plan. (Weakness) UM, critical incidents, grievance and statistics. (Strength) ① Not enough detail here. (Weakness)</p> <p>No example submitted. (Weakness) But, components were described. (Strength)</p> <p>Probably, but unable to discern completely. (Weakness)</p> <p>NA</p> <p>Quarterly but no immediate interventions are spoken to. (Weakness)</p>			
<p>6. Did the bidder describe explicitly how the bidder would interact with each provider following the distribution of each profile report?</p> <p>7. Does the bidder's proposed approach for generating and facilitating improvement in the performance of each profiled provider seem like it will be effective?</p> <p>8. Does the bidder's proposed approach include interactive communication between bidder staff and providers in which feedback is shared?</p> <p>9. Did the bidder indicate how it would periodically assess provider progress on its implementation of strategies to attain improvement goals?</p> <p>10. Did the bidder adequately describe its process for identifying areas of improvement with providers and setting improvement goals for priority areas in which provider performance falls below acceptable or benchmark levels?</p>	<p>No (Weakness)</p> <p>Probably</p> <p>Seems to be an emphasis on web use. Not a good experience in Iowa. (Weakness)</p> <p>Cumbersome reading. Lots of materials but some difficulty in seeing flow of event.</p> <p>No.</p>			

Bidder Name: Value Options

A.2.14 Network Management (Section 5C.5 of the RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
7A.2.14.a) (continued)				
11. Did the bidder describe a process of frequent reassessment of provider performance on improvement goals, including face-to-face meetings with appropriately qualified bidder staff? Does it appear appropriate and likely to be effective?				Quarterly reports = (Weakness) Not frequent enough. May be effective, but not shown many components here.
12. Did the bidder provide examples for how provider profiling has been utilized to improve service delivery? Does the approach appear to have resulted in measurable quality improvement?				Mass. And PA are examples. QI for areas not shown. (Weakness)
13. Did the bidder describe how it intended to reward providers that demonstrate continued excellence or dramatic improvement in performance over time and how the bidder would share "best practice" methods or programs with providers of similar programs in its network?				Yes. Incentives and lowered administrative burden. (Strength) (2)
14. Did the bidder describe how it intended to penalize providers that demonstrate continued unacceptable performance or performance that does not improve over time?				Corrective Action Plan to be developed. Not a comprehensive narrative. (Weakness) (C)
15. Does the proposed use of rewards and penalties appear appropriate and meaningful for network providers?				Unable to determine.
16. Are the proposed methods for sharing best practices likely to support replication by other network providers?				Same

Bidder Name: Value Options

A.2.14 Network Management (Section 5C.5 of the RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.2.14.b)</p> <p>1. Did the bidder provide a description of how network management activities performed for other state clients that are comparable to those described in Section 5C.5?</p> <p>2. Did the description convincingly convey that the bidder has effectively operated comparable network management activities for state clients?</p>	<p>Three lines. One paragraph. Felt light. (Weakness) (B)</p> <p>Although it's probably find, bidder did little in this section.</p>			
<p>7A.2.14.c)</p> <p>1. Did the bidder provide copies of provider profiles employed for two clients?</p> <p>2. Do the profiles demonstrate the bidder's experience and capacity to generate the type of provider profiles required by this RFP?</p> <p>3. Did the bidder describe measurable performance improvement that resulted from the provider profiles?</p> <p>4. Is the bidder's demonstration of improvement resulting from the use of provider profiles credible and significant?</p>	<p>OK</p> <p>Yes. Pretty good detail, especially on cost factors here. (Strength) (3)</p> <p>Wanted to see same report after interventions. (Weakness) (A)</p> <p>Unknown</p>			
<p>7A.2.14.d)</p> <p>1. The bidder describe how it would assure the accuracy of ISMART data submitted by the providers of substance abuse services comprehensive?</p> <p>2. Is the proposed plan appropriate and likely to be effective?</p>	<p>Bidder says it will assure but doesn't say how it will effectuate compliance.</p>			

7A.2.15 Quality Assessment and Performance Improvement Program (Section 5D RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.2.15.a)</p> <ol style="list-style-type: none"> 1. Did the bidder describe experience in using data-driven evaluation of organization-wide initiatives to improve the health status of covered populations? 2. Does the bidder possess meaningful, successful experience in using data-driven evaluation of organization-wide initiatives to improve the health status of populations? 3. Did the bidder provide quantified, statistically significant evidence of improved: <ul style="list-style-type: none"> • mental health quality – process measures • substance abuse quality – process measures • mental health quality – functional or clinical outcome measures • substance abuse quality – functional or clinical outcome measures • mental health quality – consumer-reported outcome measures • substance abuse quality – consumer-reported outcome measures 4. Did the bidder’s references confirm the bidder’s effectiveness generating statistically significant improvement in population health status? 	<p>Yes. HEDIS with survey and phone contacts. Seems pretty comprehensive in getting the data. (Strength) ①</p> <p>Very nice examples here. Especially ROSI with recommendations. (Strength) ②</p>			
<p>7A.2.15.b)</p> <ol style="list-style-type: none"> 1. Did the bidder describe its experience implementing instruments in publicly funded managed care programs that assess changes in functional status and/or recovery? 2. Did the bidder’s description specify tools, populations, sample sizes, findings, and how the bidder acted upon it findings? 3. Does the bidder’s demonstrated experience indicate its capacity to implement such instruments in Iowa, and to make good use of the findings? 	<p>No section b. identified. But seems to have all the knowledge necessary. I think this is mis-labeled. B = C</p>			

Bidder Name: Value Options

7A.2.15 Quality Assessment and Performance Improvement Program (Section 5D RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.2.15.c)</p> <p>1. Does the bidder describe an array of different methods by which consumers and family members would be proactively engaged by the bidder in the Quality Assessment and Performance Improvement program? Possible techniques that the bidder might have cited include:</p> <ul style="list-style-type: none"> • adding consumers and family members to bidder-sponsored quality improvement teams; • using advisory groups or focus groups to advise the identification and design of possible improvement projects, and • using surveys to elicit consumer and family members suggestions and/or feedback. <p>2. Does it appear that consumers and family members would have a substantive role bidder in the Quality Assessment and Performance Improvement program based on the bidder's response?</p>	<p>This refers back to 7A.2.4 which is OK but made reading difficult. Meet the section but not distinctively.</p>			
<p>7A.2.15.d)</p> <p>1. Did the bidder describe how it would use pharmacy data to improve quality, including to:</p> <ul style="list-style-type: none"> • identify utilization that deviates from clinical practice guidelines for schizophrenia and major depression, and • identify those Enrollees whose utilization of controlled substances warrants intervention either because of multiple prescribers, excessive quantities or prescribing that is inconsistent with the clinical profile of the Enrollee. <p>2. Does the bidder's description demonstrate a good understanding of the use of pharmacy data for quality improvement and seem likely to be effective?</p>	<p>Very nice with PharmaConnect and samples here. (Strength)</p>			

Bidder Name: Value Options

7A.2.15 Quality Assessment and Performance Improvement Program (Section 5D RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.2.15.e)</p> <ol style="list-style-type: none"> 1. Did the bidder describe its identification of the greatest opportunities for quality improvement in public managed behavioral health programs like the Iowa Plan? 2. Does the bidder's description of the greatest opportunities for quality improvement indicate a profound understanding of public sector behavioral health programs? 3. Are the opportunities consistent with what the Evaluator might identify as high priority opportunities? 4. Are the quality improvement approaches described likely to result in improved function and well being for enrollees? 5. Did the bidder describe approaches to realize two such opportunities in Iowa? 6. Are the proposed approaches appropriate and likely to be effective? 	<p>Many potential points described an will work on all of them. (Strength)</p> <p>Yes</p> <p>Yes. Develop local systems of care. (Strength) 3</p> <p>Reduce IP and residential care. (Strength)</p>			
<p>7A.2.15.f)</p> <ol style="list-style-type: none"> 1. Did the bidder describe experience adapting policy or procedures based on input from publicly funded consumers and advocacy groups? 2. Did the bidder convincingly document that these efforts have had a measurable beneficial impact on its members? 3. Do the bidder's references confirm that the bidder has used consumer and advocate input to shape policy and procedure and that this work has had a measurable impact on members? 	<p>Yes</p> <p>Not according to statistical measurements. A</p>			

Bidder Name: Value Options

7A.2.15 Quality Assessment and Performance Improvement Program (Section 5D RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.2.15.g)</p> <p>1. Did the bidder describe the process by which the Bidder would conduct retrospective monitoring of all substance abuse service providers in accordance with Section 5.D.1.2?</p> <p>2. Does the description include:</p> <ul style="list-style-type: none"> • The source of the evaluation tool with which the bidder would assess the appropriateness of clinical services delivered? • What actions the bidder would propose to take with a provider who it has determined does not deliver services or follow contract guidelines appropriately, both in the event of an initial finding and of a repeated finding? <p>3. Does the proposed process appear appropriate and likely to be effective?</p>	<p>This is thorough and convincing. (Strength)</p> <p>Post pay, clinical records, etc.</p> <p>Corrective Action Plan is explained well. (Strength)</p>			
<p>7A.2.15.g)</p> <p>1. Did the bidder provide a copy of a 2008 QA plan that the bidder developed for a publicly funded client?</p> <p>2. Does the QA plan depict a comprehensive, well-designed approach to quality assurance and performance improvement?</p>	<p>OK</p>			

Bidder Name: Value Options

A.2.16 Prevention and Early Intervention (Section 4A.4.2 of the RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
1. Did the bidder describe the strategy that it will invoke in order to increase access to and utilization of prevention and early intervention services?	Well thought out and well planned from the discussion. (Strength)			
2. Is the strategy appropriate and likely to be effective?	Multiple strategies to hit several impact points. (Strength)			
3. Did the bidder describe its experience in implementing such strategies under other contracts?	#3 seems less likely to have quick impact. A			
4. If so, do the other programs appear to be well conceived?				
5. Was the bidder able to demonstrate that the programs had measurably affected changes improvements in access to and utilization of prevention and early intervention services?				
6. Do the bidder's references confirm that the bidder has successfully implemented strategies to increase access to and utilization of prevention and early intervention services and that this work has had a measurable impact on members?				

Bidder Name: Value Options

A.2.17 Management Information System (Section 6.4 of the RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>A.2.17.a)</p> <ol style="list-style-type: none"> 1. Did the bidder describe in detail the management information system the Bidder would implement for the Iowa Plan? 2. Did the description emphasize the way in which the MIS system would function to gather required data and produce required reports as well as providing detail on hardware capabilities? 3. Does the bidder's response address all of the other requirements of Section 6.4 of the RFP? 				
<p>A.2.17.b)</p> <ol style="list-style-type: none"> 1. Did the bidder describe adaptations to its MIS which would be made to allow reimbursement for covered, required and optional services provided even if the Enrollee's Medicaid eligibility and Iowa Plan enrollment effective date were determined subsequent to the Eligible Person's month of application? 2. Do the bidder's proposed adaptations to its MIS to allow reimbursement for covered, required and optional services provided to enrollees whose eligibility and Iowa Plan enrollment effective dates were determined subsequent to their month of application appear appropriate and likely to be effective? 				
<p>A.2.17.c)</p> <ol style="list-style-type: none"> 1. Did the bidder describe an adequate process to ensure appropriate allocation of reimbursement when: <ol style="list-style-type: none"> i. services are being provided to a person who was a Medicaid enrollee and whose Medicaid eligibility terminated and the person then, during the same treatment episode, became a IDPH participant/ ii. services are being provided to a person who was a IDPH participant receiving services and, during the same treatment episode, became a Medicaid enrollee/ 2. Do the references provided by the bidder confirm that the bidder has been able to provide a management information system that meets the business needs of other publicly funded programs that are comparable to the Iowa Plan? 				

Bidder Name: ValueOptions of Iowa, LLC., wholly owned by ValueOptions, Inc. of Norfolk, Virginia

7A.2.17 Management Information System (Section 6.4 of the RFP)	Strengths and Weaknesses of the Response Submission
<p>7A.2.17.a)</p> <ol style="list-style-type: none"> Did the bidder describe in detail the management information system the Bidder would implement for the Iowa Plan? Did the description emphasize the way in which the MIS system would function to gather required data and produce required reports as well as providing detail on hardware capabilities? Does the bidder's response address all of the other requirements of Section 6.4 of the RFP? <p>Section 6.4 <i>At a minimum, receives, processes and reports data to and from the following management information systems:</i></p> <ul style="list-style-type: none"> IDPH Iowa Service Management and Report Tool (I-SMART); DHS Medicaid Management Information System (MMIS); DHS Title XIX eligibility system; and <p><i>MHI (mental health institute) information system.</i></p> <p><i>The management information system implemented by the Contractor shall conform to the following general system requirements:</i></p> <ul style="list-style-type: none"> On-Line Access On-line access to all major files and data elements within the MIS. Timely Processing Daily file updates: member, provider, prior authorization, and claims to be processed. Weekly file updates: reference files, claim payments. <p><i>Edits, Audits, and Error Tracking</i></p> <ol style="list-style-type: none"> Comprehensive automated edits and audits to ensure that data are valid and that contract requirements are met. System should track errors by type and frequency. It should also be able to 	<ol style="list-style-type: none"> Yes Yes Yes <p>Strength:</p> <ul style="list-style-type: none"> Manages 25 Medicaid/public assistance programs covering more than 4.5 million lives in 12 states. Many programs serve areas with more than 100,000 residents. Operate state, municipal and county contracts in large urban areas, as well as in rural and frontier areas. Maximize the use of state and federal dollars through a Braided Funding(sm) financial model. Braided Funding(sm) helps states pool Medicaid dollars and other funds, improves coordination between agencies, enhances accountability, and allocates scarce taxpayer dollars in the most efficient manner possible. CONNECTIONS is a suite of fully integrated and customizable applications designed to support innovative behavioral healthcare programs. The CONNECTIONS platform represents over 20 years of behavioral health experience and associated best practices in supporting public sector behavioral healthcare programs. Claims processing capabilities in ClaimsConnect is augmented by the integrated eligibility/enrollment, provider, electronic claims submission, inquiry tracking, data warehouse, and interactive voice response subsystems. FileConnect will transfer files to and from the State's MMIS and the Mental Health Institution MHI systems.

Bidder Name: ValueOptions of Iowa, LLC., wholly owned by ValueOptions, Inc. of Norfolk, Virginia

<p><i>maintain adequate audit trails to allow for the reconstruction of processing events.</i></p> <p><i>System Controls and Balancing</i> <i>Adequate system of controls and balancing to ensure that all data input can be accounted for and that all outputs can be validated.</i></p> <p><i>Back-up of Processing and Transaction Files</i></p> <ol style="list-style-type: none"><i>1. 24-hour back-up: eligibility verification, enrollment/eligibility update process, prior authorization processing;</i><i>2. 72-hour back-up: claims processing, and</i><i>3. 2-week back-up: all other processes</i>	<ul style="list-style-type: none">• The claim and encounter extract process will suspend the submission of a claim or encounter if the related provider record has not been successfully extracted for submission to the MMIS. The MMIS provider extract response file is evaluated for rejected provider records, and each denied record is analyzed for correction within one week.• Reviewed the I-SMART program as well as the reports published and distributed to the providers. Will be able to at least meet this requirement. Direct experience in providing report cards to providers via the web and would utilize our experience to bolster the current process.• Application resides on an IBM iSeries (AS/400) i5 570 application server running IBM's V5R4 OS/400 operating system.• Majority of the managed care functions for the State of Iowa will be performed by our Iowa-based staff in Des Moines, as well as the three satellite offices located in Iowa.
	<p>Weakness:</p> <ul style="list-style-type: none">• Ad hoc reports requested by clients, which are based on our current data structures are usually developed and delivered to client within <u>10 days</u> from the date that the specifications have been outlined. (Could turnaround time be improved?)

Bidder Name: ValueOptions of Iowa, LLC., wholly owned by ValueOptions, Inc. of Norfolk, Virginia

7A.2.17 Management Information System (Section 6.4 of the RFP)	Strengths and Weaknesses of the Response Submission
<p>7A.2.17.b)</p> <ol style="list-style-type: none"> 1. Did the bidder describe adaptations to its MIS which would be made to allow reimbursement for covered, required and optional services provided even if the Enrollee's Medicaid eligibility and Iowa Plan enrollment effective date were determined subsequent to the Eligible Person's month of application? 2. Do the bidder's proposed adaptations to its MIS to allow reimbursement for covered, required and optional services provided to enrollees whose eligibility and Iowa Plan enrollment effective dates were determined subsequent to their month of application appear appropriate and likely to be effective? 	<ol style="list-style-type: none"> 1. Yes 2. Yes <p>Strength:</p> <ul style="list-style-type: none"> • To address retroactive eligibility and ongoing service request needs, propose the use of our Enrollee registration process available to providers through ProviderConnect. • If the Enrollee is being seen on an urgent basis, the provider will contact the Clinical Customer Service unit, which will create a "temporary" Enrollee record, and services will be authorized. • For the Iowa Plan, will ensure that the MMIS eligibility and FACS data is loaded promptly based on the agreed-upon frequency (e.g. daily/weekly) to minimize the risk of denying a claim inappropriately.
	<p>Weakness:</p> <p>N/A</p>

Bidder Name: ValueOptions of Iowa, LLC., wholly owned by ValueOptions, Inc. of Norfolk, Virginia

7A.2.17 Management Information System (Section 6.4 of the RFP)	Strengths and Weaknesses of the Response Submission
<p>7A.2.17.c)</p> <p>1. Did the bidder describe an adequate process to ensure appropriate allocation of reimbursement when:</p> <ul style="list-style-type: none"> i. services are being provided to a person who was a Medicaid enrollee and whose Medicaid eligibility terminated and the person then, during the same treatment episode, became a IDPH participant? ii. services are being provided to a person who was a IDPH participant receiving services and, during the same treatment episode, became a Medicaid enrollee? 	<p>1. Yes</p> <p>Strength:</p> <ul style="list-style-type: none"> • To assure compliance with this requirement, will work with DPH to do a comparison of Enrollees included in the DPH client count with the Medicaid enrollment file of the same month. As long as the I-SMART number is retained in the file provided by DPH to VOI, the VOI reporting analysts will be able to identify potential errors in allocation by matching part of the I-Smart number and segments of Medicaid Enrollees' social security numbers. • Based on policies established by DPH and DHS, DPH will be considered the "payor of last resort." Therefore, VOI will ensure that all substance abuse programs comply with guidelines.
	<p>Weakness:</p> <p>N/A</p>

A.2.18 Financial Requirements (Section 6.6 of the RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>A.2.18.a)</p> <p>1. Did the bidder disclose the financial instruments the bidder would use to meet the requirements of all funds and accounts required in Section 6.6 of the RFP? The requirements are that the Contractor must establish prior to the payment of the first capitation payment and maintain at all times, three accounts or funds as follows:</p> <ul style="list-style-type: none"> 1) an Insolvency Protection Account, that must contain at all times, an amount equal to two (2) months of the anticipated annual Medicaid capitation amount; 2) a Surplus Fund, in an amount equal to one and a half times the Contractor's average monthly Medicaid capitation payment; and 3) Working Capital in the form of cash or equivalent liquid assets equal to at least three months' operating expenses. <p>2. Did the bidder disclose the source of the capital required?</p> <p>3. Do the bidder's proposed instruments meet the requirements of Section 6.6 of the RFP and appear to be appropriate and adequate instruments?</p> <p>4. Does the bidder's source of capital appear to be sufficient and stable?</p>	<p>? Low Cash Reserves Company + Parent</p> <p>didn't Specify Funding Sources</p> <p>FHC = 1.2 + 1.27 2007 2008</p>			

Bidder Name: Value Options

A.2.18 Financial Requirements (Section 6.6 of the RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>A.2.18.b)</p> <ol style="list-style-type: none"> 1. Dis the bidder demonstrate that its organization is financially sound? 2. Do the bidder's financial statements and those of any corporate parent support its claims? 3. If the bidder is not financially sound, has it taken corrective measures to address and resolve any identified financial problems? Are these measures likely to be successful? 4. Does the bidder attach the most recent two years of independently certified audited financial statements of the bidder's organization as well as the most recent two years of financial statements for the bidder's parent company, if applicable? 5. Did the bidder provide its most recent three (3) years of independently certified audited financial statements of its organization as well as the most recent two years of financial statements for the bidder's parent company, if applicable? 6. Do the audited statements reveal any financial problems, legal liabilities, or relevant corporate relationships that the bidder has not mentioned or that raise concern regarding financial stability, legal liability or corporate interests? 				
<p>A.2.18.c)</p> <ol style="list-style-type: none"> 1. Did the bidder discuss what impact the recent declines in the stock market have had on the Bidder's financial stability, how the Bidder has responded, and any implications for the Bidder's ability to meet the requirements of this RFP? 2. Did the bidder demonstrate that recent stock market declines have not put in jeopardy the bidder's ability to meet the requirements of the RFP, including the maintenance of necessary liquidity? 				

ValueOptions

Iowa Plan Reprourement Evaluation

7A.2.18.a)

Did the bidder disclose the financial instruments the bidder would use to meet the requirements of all funds and accounts required in Section 6.6 of the RFP? The requirements are that the Contractor must establish prior to the payment of the first capitation payment and maintain at all times, three accounts or funds as follows:

**Insolvency Protection Account
Surplus Fund
Working Capital**

Yes, they state that they will have investments in a combination of certificates of deposit, money market funds, short-term commercial paper, and cash.

Did the bidder disclose the source of the capital required?

Yes, they stated that ValueOptions would provide the funding for these accounts.

Do the bidder's proposed instruments meet the requirements of Section 6.6 of the RFP and appear to be appropriate and adequate instruments?

ValueOptions cash and cash equivalents balance as of December 31, 2007 was only \$1.8 M. They do have \$316 M in current assets, but \$212 M is restricted cash.

Does the bidder's source of capital appear to be sufficient and stable?

It is not apparent how ValueOptions of Iowa will be able to fund the initial reserve accounts. Even there parent company FHC Health Systems has a relatively low cash balance of \$25.8 M.

7A.2.18.b)

Did the bidder demonstrate that its organization is financially sound?

We did not receive any statements from ValueOptions stating any financial highlights.

Do the bidder's financial statements and those of any corporate parent support it's claims?

ValueOptions and it's parent company, FHC Health Systems, Inc, have a very low cash and cash equivalents balance as of December 31, 2008, relatively speaking. FHC had a balance of \$25.8 million in its cash and cash equivalents account.

If the bidder is not financially sound, has it taken corrective measures to address and resolve any identified financial problems? Are these measures likely to be successful?

The bidder did not make any statements claiming what corrective measures were taken, but their Current Ratio has improved over the past three years.

Did the bidder attach the most recent two years of independently certified audited financial statements of the bidder's organization as well as the most recent two years of the financial statements for the bidder's parent company, if applicable?

The bidder provided audited financial statements for years 2005, 2006, and 2007 for ValueOptions, Inc and also provided years 2007, and 2008 for it's parent company, FHC Health Systems, Inc.

Did the bidder provide it's most recent three years of independently certified audited financial statements of it's organization as well as the most recent two years of financial statements for the bidder's parent company, if applicable?

The bidder provided audited financial statements for years 2005, 2006, and 2007 for ValueOptions, Inc and also provided years 2007, and 2008 for it's parent company, FHC Health Systems, Inc.

Do the audited statements reveal an financial problems, legal liabilities, or relevant corporate relationships that the bidder has not mentioned or that raise concern regarding financial stability, legal liability, or corporate interests?

There is a lawsuit that is pending post-trial motions as of March 2009 where a verdict was returned against the bidder along with others in the amount of \$34.9M. Value Options management believes there are numerous meritorious grounds to appeal the verdict, and intends to do so. However, management also believes that a loss is probable and therefore has recorded its best estimate of the amount of liability the company will ultimately incur.

7A.2.18.c)

Did the bidder discuss what impact the recent declines in the stock market have had on the bidder's financial stability, how the bidder has responded, and any implications for the bidder's ability to meet the requirements of this RFP?

The bidder did not discuss this issue.

Did the bidder demonstrate that recent stock market declines have not put in jeopardy the bidder's ability to meet the requirements of the RFP, including the maintenance of necessary liquidity?

The bidder did not discuss this issue.

Bidder Name: Value Options

A.2.19 Claims Payment by the Contractor (Section 6.7 of the RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>A.2.19.a)</p> <ol style="list-style-type: none"> 1. Did the bidder describe the process it would implement to ensure compliance with the required time frames for claims processing? 2. Is the process consistent with the requirements set forth in Section 6.7 of the RFP? 3. Does the process the bidder would implement to ensure the bidder's compliance with the required time frames for claims processing appear appropriate and likely to be effective? 	<p>Although the Connections platform seems capable there appear to be some apprehension in commitment to the requirement. (Weakness)</p> <p>There is a push to electronic submission and scanning. (Strength)</p>			
<p>A.2.19.b)</p> <ol style="list-style-type: none"> 1. Did the bidder describe its experience implementing contracts in which the claims payment process supported the accurate and timely payment of claims as of the first day of operations? 2. Do the references provided by the bidder confirm that the bidder has been able to successfully implement accurate and timely payment of claims as of the first day of comparable contracts? 	<p>Mass., PA and Texas have not seen problems. (Strength)</p>			

Bidder Name: ValueOptions of Iowa, LLC., wholly owned by ValueOptions, Inc. of Norfolk, Virginia

7A.2.19 Claims Payment by the Contractor (Section 6.7 of the RFP)	Strengths and Weaknesses of the Response Submission
<p>7A.2.19.a)</p> <p>1. Did the bidder describe the process it would implement to ensure compliance with the required time frames for claims processing?</p> <p>2. Is the process consistent with the requirements set forth in Section 6.7 of the RFP?</p> <p><u>Timeframes are calculated from the day the claim is received by the Contractor until the date of the postmark (or electronic record for electronic remittance) which returns either the payment or denial to the provider:</u></p> <p>Section 6.7:</p> <ul style="list-style-type: none"> • for at least 85% of claims submitted, payment shall be mailed or claims shall be denied within 12 days of the date the claim is received by the Contractor; • for at least 90% of claims submitted, payment shall be mailed or claims shall be denied within 30 days of the date the claim is received by the Contractor, and • for 100% of claims submitted, payment shall be mailed or claims shall be denied within 90 days of the date the claim is received by the Contractor. 	<p>1. Yes 2. Explain multiple check run 3. Yes</p> <p>Strength:</p> <ul style="list-style-type: none"> • Capable of achieving an auto-adjudication rate between 80 and 85 percent for public sector accounts. • ValueOptions Braided Funding(sm) logic within ClaimsConnect uses client-defined hierarchy rules to determine the funding source applicable for authorization and claims processing. Therefore, the highest priority funding stream, as defined by the client, is used to process the claim where the service is covered, the consumer is eligible or registered, and the provider of service is contracted.
<p>3. Does the process the bidder would implement to ensure the bidder's compliance with the required time frames for claims processing appear appropriate and likely to be effective?</p>	<p>Weakness:</p> <p>In order to accommodate the Iowa Plan claims processing timelines outlined in Section 6.7, may need to have <u>multiple check runs</u> within a given week to accommodate the turnaround time as defined in the RFP:</p> <ul style="list-style-type: none"> • for at least 85 percent of claims submitted, payment shall be mailed or claims shall be denied within <u>14 days</u> of the date the claim is received by the Contractor; • for at least 90 percent of claims submitted, payment shall be mailed or claims shall be denied within 30 days of the date the claim is received by the Contractor • for 100 percent of claims submitted, payment shall be mailed or claims shall be denied within 90 days of the date the claim is received by the Contractor. (Describe timeframe issue?)

Bidder Name: ValueOptions of Iowa, LLC., wholly owned by ValueOptions, Inc. of Norfolk, Virginia

<p>7A.2.19.b)</p> <p>1. Did the bidder describe the process of implementing contracts it would implement to ensure compliance with the accuracy and timely payment of claims?</p>	<p>1. Yes</p> <p>Strength:</p> <ul style="list-style-type: none">• Based on performance during contract example described, the contract was re-awarded in July 2000 with an effective start date of October 1, 2000 for a contract period of 5 years with 5 one-year extensions.• 14 counties have just extended contracts described in example, and the customer and provider satisfaction with claims payment greatly contributed to the successful determination.• Prompt and accurate claims payment was one of many successful components of the implementation described in example. Consumers, providers, and other community stakeholders responded favorably. <p>Weakness:</p>
	<p>N/A</p>

Bidder Name: Value Options

A.2.20 Fraud and Abuse (Section 6.8 of the RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
7A.2.20.a) 1. Did the bidder describe how it will comply with the Departments' Fraud and Abuse requirements? 2. Did the bidder provide examples of how its internal controls successfully work to prevent Fraud and Abuse? 3. Did the description completely address the requirements as defined within Section 6.8? 4. Is the bidder's proposed approach appropriate and likely to be effective?	Seems comprehensive as it should be. No examples given. (Weakness)			

Bidder Name: Value Options

7A.3 Corporate Organization and Experience --- 15%

This section of the bid, excluding those portions not to be counted as indicated in the RFP, should not exceed 15 pages.

Does it exceed? Y/N?

7A.3 Corporate Organization and Experience (Section 6.8 of the RFP)	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.3.a)</p> <p>1. Did the bidder provide the following information on all current publicly funded managed behavioral health care contracts?</p> <ul style="list-style-type: none"> i. contract size: average monthly covered lives and annual revenues; ii. contract start date and duration; iii. general description of covered population and services (e.g., Medicaid AFDC + SSL, state-only population, mental health, substance abuse, state hospital, etc.); iv. the company or agency name and address, and v. a contact person and telephone number? <p>2. Does the information indicate that the bidder has experience with contracts that are comparable in size and scope to the Iowa Plan?</p>	<p>All are there. Reporting only (1)</p> <p>Nothing competitive about the disclosures.</p> <p>Yes (1)</p>			
<p>3. Did the bidder include letters of support or endorsement from any individual, organization, agency, interest group or other entity despite the prohibition in the RFP from doing so?</p>				

Bidder Name: Value Options

A.3.1 Organizational Information	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.3.1.a)</p> <p>1. Does the bidder provide all of the following (as required by the RFP)?</p> <ul style="list-style-type: none"> • lists and organizational charts showing any and all owners, voting and non-voting members of the Board of Directors, officers and executive management staff, including CEO, COO, CFO, Medical Director, UM Director, QM Director and MIS Director or equivalent functional personnel? • the curriculum vitae for the aforementioned executive management staff? • if the bidder is a wholly or partly owned subsidiary or partnership, a description of the legal, financial, organizational and operational arrangements and relationships between the bidder and its parent(s) and any other related organizations? • an organizational chart depicting the bidder in relation to the corporations to which it is a subsidiary or partner? • if the bidder has subsidiaries, a description of the legal, financial, organizational and operational arrangements and relationships between the bidder and its subsidiaries? • an organizational chart depicting any subsidiaries in relation to the bidder? <p>2. Are any key positions vacant?</p>	OK			
<p>3. Do senior officers appear to be appropriately qualified?</p> <p>4. Are there any apparent corporate relationships that would introduce a conflict of interest if the bidder were awarded the contract?</p> <p>5. If the bidder is a subsidiary or partnership, are the parent corporations or partners engaged in business activities that are complimentary to, and likely to provide long term support to, the bidder?</p> <p>6. If the organization is a partnership, is the line of authority clearly delineated?</p>	<p>No on corporate.</p> <p>Yes</p> <p>None identified.</p>			

A.3.2 Disclosure of Financial or Related Party Interest	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.3.2.a)</p> <p>1. Does the bidder disclose any legal, financial, contractual or related party interests which the bidder(s) shares with any provider or group of providers, or provide a statement of no financial or related party interest?</p>	Not that I saw			
<p>7A.3.2.b)</p> <p>1. Does the bidder (and if the bid involves a partnership or another type of joint venture, any of the bidders) share a financial or related party interest in any provider or group of providers, does the bidder set forth a mechanism by which it proposes to prevent any preferential treatment to those entities with which it shares a financial or related party interest?</p> <p>2. If the response to #1, above, is affirmative, does this mechanism effectively prevent preferential treatment to those provider entities in which it shares a financial or related party interest?</p> <p>3. Is it likely that the bidder's mechanism will prevent the following situations which might indicate an attempt to ensure financial gain (from RFP Section 5C.3):</p> <ul style="list-style-type: none"> • a change of the distribution of referrals or reimbursement among providers within a level of care? 				
<ul style="list-style-type: none"> • referral by the Contractor to only those providers with whom the Contractor shares an organizational relationship? • preferential financial arrangements by the Contractor with those providers with whom the Contractor shares an organizational relationship? • different requirements for credentialing, privileging, profiling or other network management strategies for those providers with whom the Contractor shares an organizational relationship? • distribution of community reimbursement moneys in a way which gives preference to providers with whom the Contractor shares an organizational relationship? • substantiated complaints by enrollees of limitations on their access to participating providers of their choice within an approved level of care? 	Bullets are OK			

A.3.3 Disclosure of Legal Actions	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>7A.3.3.a)</p> <p>1. As far as the evaluator is aware, did the bidder disclose all relevant information in response to the following RFP questions and requirements or make a statement that there is no applicable information (as required by the RFP)?</p> <ul style="list-style-type: none"> • During the last five years, has the bidder or any subcontractor identified in this proposal had a contract for services terminated for convenience, non-performance, non-allocation of funds, or any other reason for which termination occurred before completion of all obligations under the initial contract provisions? If so, provide full details related to the termination. • During the last five years, has the bidder been subject to default or received notice of default or failure to perform on a contract? If so, provide full details related to the default including the other party's name, address, and telephone number. • During the last five years, describe any damages, penalties, disincentives assessed or payments withheld, or anything of value traded or given up by the bidder under any of its existing or past contracts as it relates to services performed that are similar to the services contemplated by the RFP and the resulting Contract. Indicate the reason for and the estimated cost of that incident to the bidder. • During the last five years, list and summarize pending or threatened litigation, administrative or regulatory proceedings, or similar matters that could affect the ability of the Bidder to perform the services contemplated in this RFP. 	OK			
<ul style="list-style-type: none"> • During the last five years, have any irregularities been discovered in any of the accounts maintained by the Bidder on behalf of others? If so, describe the circumstances of irregularities or variances and disposition of resolving the irregularities or variances. • The bidder shall also state whether it or any owners, officers, primary partners, staff providing services or any owners, officers, primary partners, or staff providing services of any subcontractor who may be involved with providing the services contemplated in this RFP, have ever had a founded child or dependent adult abuse report, or been convicted of a felony. 				

A.3.3 Disclosure of Legal Actions	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>A.3.3.a) (continued)</p> <p>2. If the bidder disclosed that it, or one of its subcontractors, had defaulted on a contract or had a contract terminated for cause, and the project contact person was contacted, what was the explanation given for the problem and does it raise concerns regarding the bidder's qualifications as the State's Contractor?</p> <p>3. If the bidder disclosed that, during the previous five years, legal action was taken against the bidder or if any legal actions are pending, does the explanation and status update provided by the bidder alleviate any concerns regarding the bidder's qualifications as the State's Contractor?</p> <p>4. If the bidder's current corporate configuration is related to mergers, did the bidder provide the requisite responses to the questions above for all components of the merged entities (as required)?</p>	<p>NA</p> <p>Yes</p> <p>OK</p>			

Bidder Name: Value Options

7A.4 Project Organization and Staffing - 15%

This section of the bid, excluding those portions not to be counted as indicated in the RFP, should not exceed 10 pages.

Does it exceed? Y/N?

A.4.1 Organizational Chart	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
1. Did the bidder provide an organizational chart that demonstrates: a) the bidder's corporate structure? b) the reporting relationship which staff assigned to the Iowa Plan would have with other parts of the bidder's corporate structure?	Yes			
2. Does the proposed reporting relationship between staff assigned to the Iowa Plan and other parts of the bidder's corporate structure appear appropriate and likely to be effective? Does it appear that the Iowa Plan-assigned staff will receive sufficient corporate attention and support?	Same as with other contracts			

A.4.2 Chart or Other Presentation	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>1. Does the chart or other presentation provided by the bidder clearly show the following?</p> <ul style="list-style-type: none"> a) every position which would be working on the Iowa Plan? b) the name and qualifications of the proposed Iowa-based individual who would have management responsibility for Iowa Plan operations? c) the reporting relationships between those positions? d) the credentials required of individuals to be hired for each clinical and management position? e) the office locations of each individual? 		A = OK	Others not well identified	
<p>2. Do the types and numbers of staff to be assigned to the Iowa Plan appear to be sufficient in number and have the appropriate credentials?</p>		Yes		
<p>3. Are adequate resources dedicated to serving DPH Participants?</p>		OK		
<p>4. Is the staffing distributed appropriately given the allowable distribution of administrative costs to each funding stream (i.e., Medicaid 13.5% or less; DPH, 3.5% or less)?</p>		Yes		
<p>5. Are the UM, QA, claims and systems senior management positions appropriately qualified and reporting at an appropriately senior level of the organization?</p>		job description and CV seem OK		

A.4.3 Chart or Other Presentation	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>1. Does the chart or other presentation provided by the bidder clearly show the following?</p> <ul style="list-style-type: none"> a) the subcontractors (excluding network providers) who would be working on the Iowa Plan? b) the responsibilities of those subcontractors? c) special skills of those subcontractors? d) the location of the office of each subcontractor from which they will provide their subcontracted services? <p>2. If there is more than one subcontractor, does the number of subcontractors appear to be too large or to potentially hinder the bidder's successful operation of the program?</p> <p>3. Did the bidder propose to subcontract any functions that the evaluator believes are integral to successful program operation and should not be subcontracted?</p>	<p>NA</p>			

Bidder Name: Value Options

A.4.4 Financial Information	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
<p>1. Did the Bidder provide the following information:</p> <ul style="list-style-type: none"> • audited financial statements from independent auditors for the last three years. If the bidders did not have financial statements, did it provide a detailed explanation of why they are not available and provide alternatives that were acceptable to the Departments? • a minimum of three written financial references including contract information? <p>2. Do the financial statements or alternative financial information demonstrate that the bidder has the financial wherewithal to serve as a stable partner to the state?</p> <p>3. Do the financial statements or alternative financial information raise any concerns about the bidder's qualifications to serve as the Iowa Plan contractor?</p> <p>4. Do the references provided by the bidder confirm that the bidder has conducted its financial business in an appropriate manner and is qualified, based on its financial practices and financial status alone, to serve as the Iowa Plan contractor?</p>	<p>OK</p>			

Bidder Name: Value Options

7A.5 Budget Worksheet and Narrative - 10% *This section of the bid, excluding those portions not to be counted as indicated in the RFP, should not exceed 3 pages. Does it exceed? Y/N?*

7A.5 Budget Worksheet and Narrative	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
1. Does the bidder propose that the percentage of the Medicaid capitation payment allocated to the Medicaid Administrative Fund will be less than the RFP-specified maximum of 13.5%?	12.75			
2. Does the bidder propose that the percentage of the IDPH payment allocated to the IDPH Administrative Fund will be less than the RFP-specified maximum of 3.5%?	Yes			
3. Does the bidder propose using the Community Reinvestment Account fund on: <ul style="list-style-type: none"> • services that would benefit eligible persons? • services that the bidder has identified in response to 7A.2.6.b), 7A.2.13.b), or other questions within Section 7 of the RFP? <i>(this question is to assess internal consistency within the bidder's response)</i> 	Yes	Rose House (Strength) Telehealth (Strength)		

A.6 Required Certifications	Sub-Section Score (circle one):			
	Meets With Distinction	Meets	Partially Meets	Fails to Meet
L. Does the bidder include all the required certifications? (Y/N) <ul style="list-style-type: none"> • RFP Certifications and Mandatory Guarantee • Release of Information • Mandatory Requirements and Reasons for Disqualification 	OK			